

Name  
in  
Full

CERTIFICATE OF DEATH

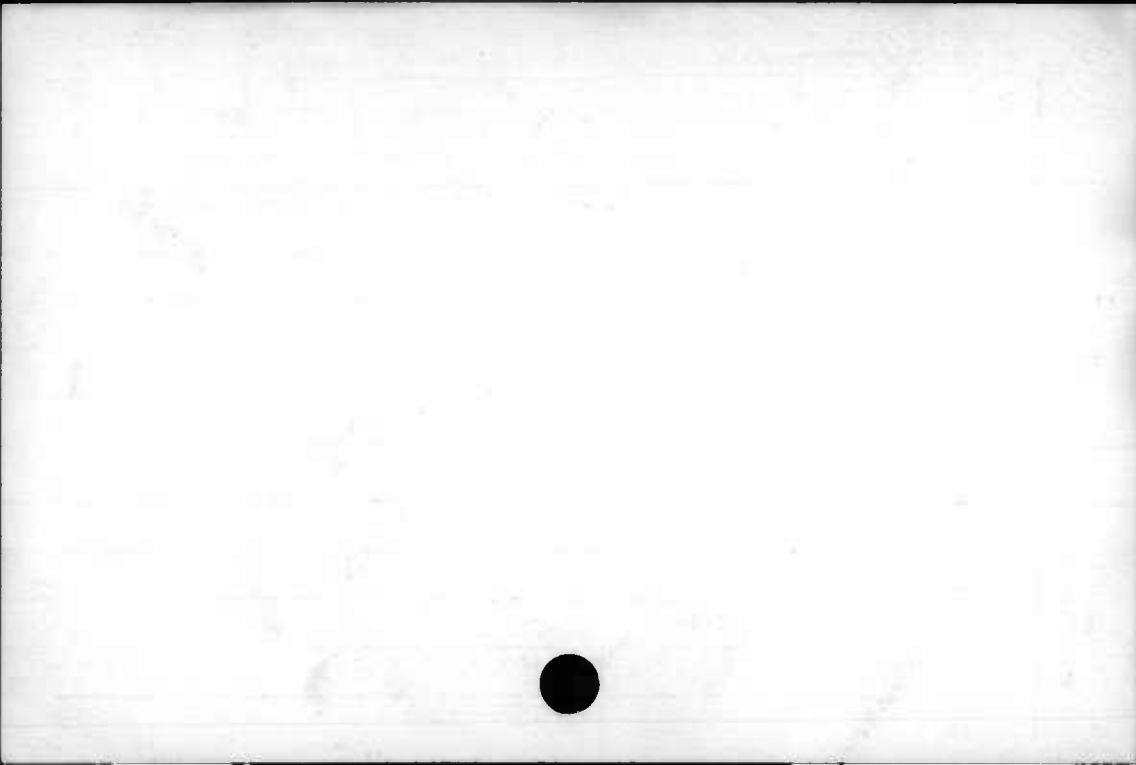
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	Month	Day	Age	Years	Months	Days	
Sex	Color or Race		Birth-place				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

Charles Allen Brozden

## CERTIFICATE OF DEATH

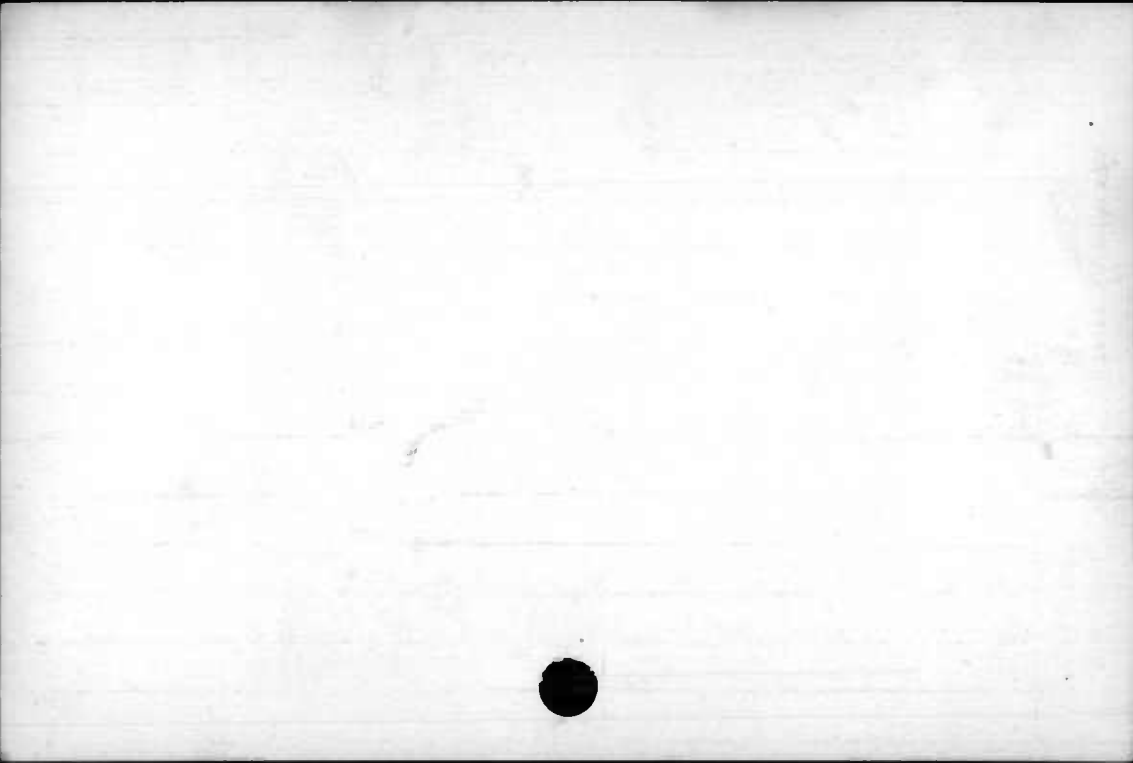
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elk Ridge</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1905 Dec</i>		Month <i>12<sup>th</sup></i>		Day		Years	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Elk Ridge Ind</i>		Months <i>9</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Elk Ridge Ind</i>		Days <i>10</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>no father</i>		Father's Birthplace					
Mother's Maiden Name <i>Matilda Brozden</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Mary Thomas</i>		How related to deceased <i>Grandmother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>several days</i>
Immediate <i>none</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Ind</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Mammy Clark

CERTIFICATE OF DEATH

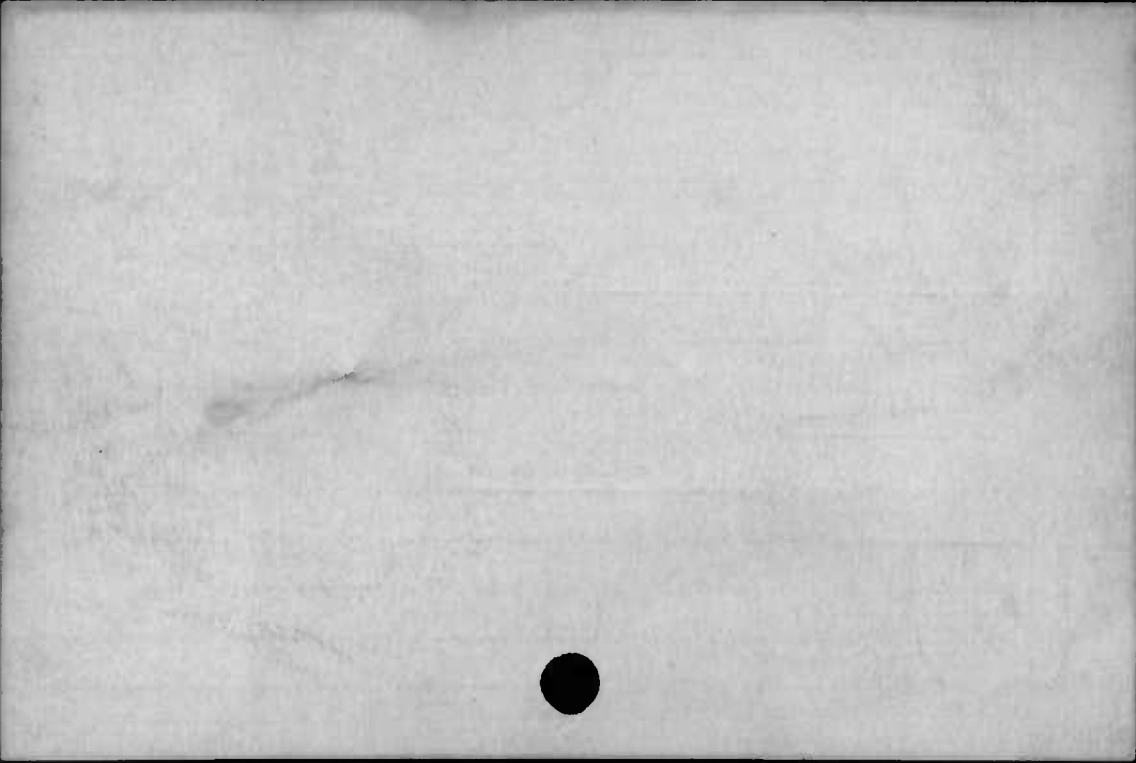
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elkridge</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>Dec 1 1905</i>	Month <i>Dec</i>	Day <i>1st</i>	Age <i>30</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>A.A. Co Md</i>				
Occupation	Where Residing if not at place of death <i>Hammer Md</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Samuel Clark</i>						
Father's Name <i>Josias Jones</i>	Father's Birthplace <i>Mt. Vernon</i>						
Mother's Maiden Name <i>Mt. Vernon</i>	Mother's Birthplace <i>Co</i>						
Name of person giving information <i>Ally Clark</i>	How related to deceased <i>Son</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Accidental</i>	How long <i>100</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel Bell</i>
	Address <i>Coroner</i>
Accident or Suicide? <i>Accidental</i>	



Name  
in  
Full

Phoebe M. Clark

## CERTIFICATE OF DEATH

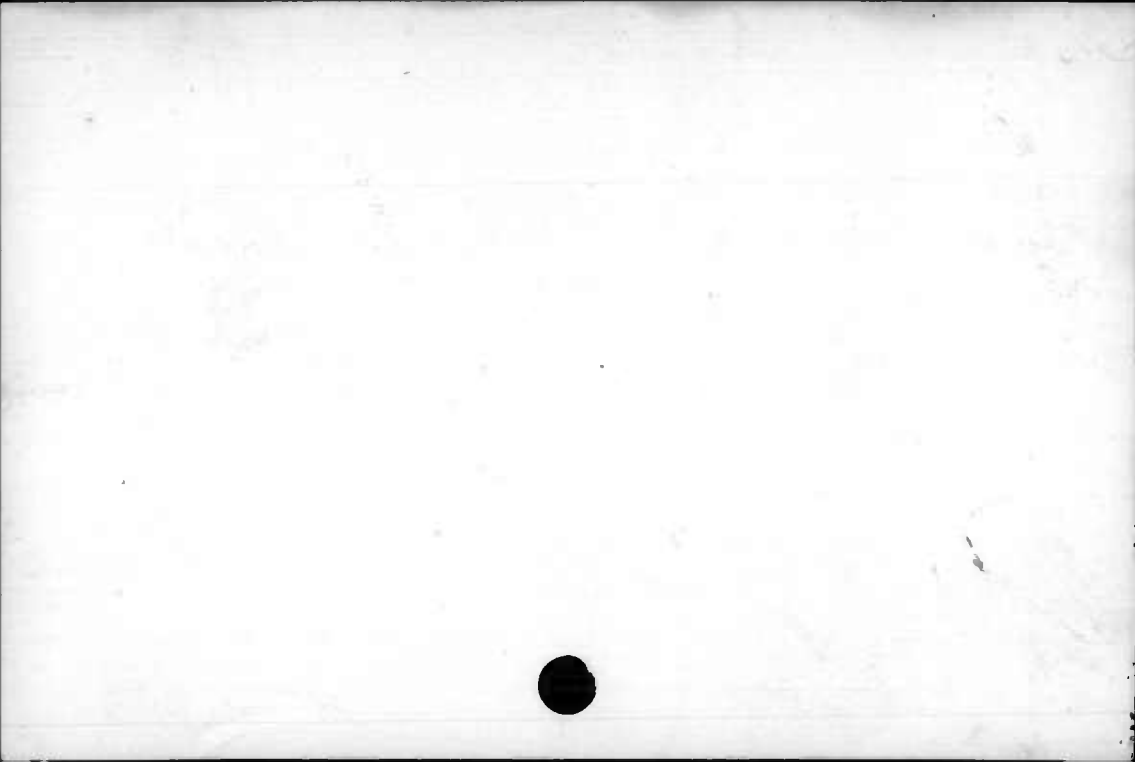
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Her home</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>15</i>	Age <i>25</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>				
Occupation <i>Housewife</i>	Where Residing If not at place of death <i>at her home</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Geo. F. Clark</i>						
Father's Name <i>Henry William</i>	Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Rachel Brattan</i>	Mother's Birthplace <i>MD</i>						
Name of person giving information <i>Joshua P. Smith</i>	How related to Deceased <i>friend</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>Several years</i>
Immediate <i>dropsy + heart failure</i>	How long <i>prognosis</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Lindemann M.D.</i>
	Address <i>Savage MD</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Marion Crumbell

## CERTIFICATE OF DEATH

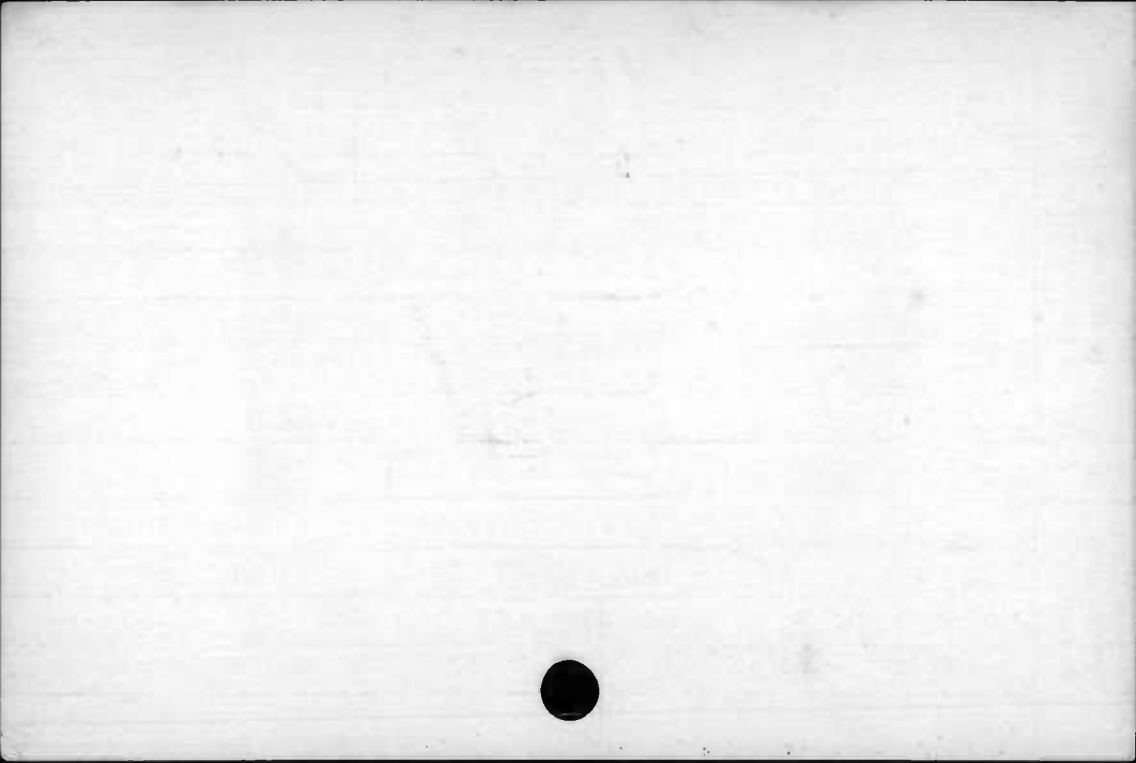
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i>		Town <i>Ellicott City</i>		County <i>Hawara</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Dec</i>	Day <i>21</i>	Age <i>26</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Housekeeper</i>						
Name of Wife or Husband <i>Marshall Crumbell</i>							
Father's Name <i>John Collings</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Ellen Collings</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Marshall Crumbell</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis.</i>	How long <i>1 year.</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. L. Drunings M.D.</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide? <i>1</i>	



Name  
in  
Full

Minnie Dundee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

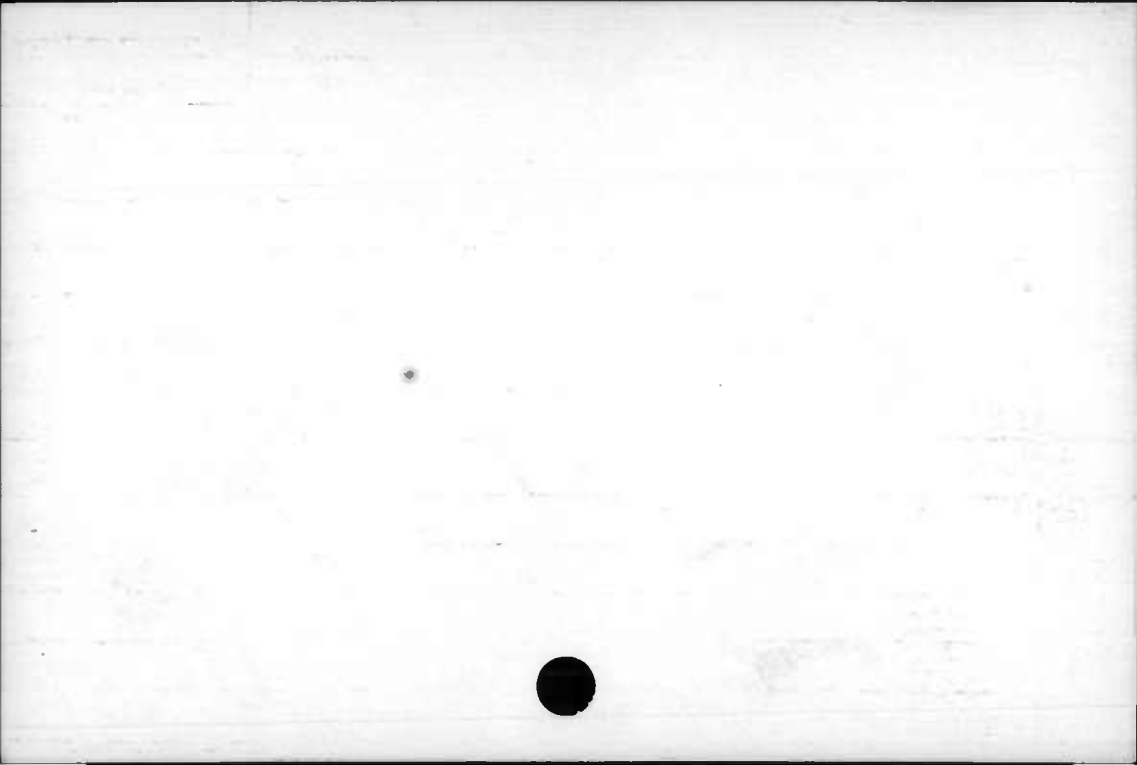
MARYLAND

Died at <sup>Town</sup> <i>Ellicott City</i>		<sup>County</sup> <i>Howard</i>			
Date of death <i>1905</i>	<sup>Month</sup> <i>Dec</i>	<sup>Day</sup> <i>21</i>	<sup>Years</sup> <i>52</i>	<sup>Months</sup> <i>—</i>	<sup>Days</sup> <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Atlantic Ocean</i>		
Occupation <i>House duties</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>August Dundee</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Julia Speir</i>	Name of person giving information <i>Chas. A. Frey</i>		How related to deceased <i>Brother-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. J. Durrings, MD.</i>
	Address <i>Ellicott City, MD.</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Auguste Stanislas Fonteneau

Town

County

MARYLAND

Died at St Charles

Howard

Date of death 1905 Dec

Day

19

Age

Years

64

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

France

Occupation

Priest

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Heart-disease

How long

Some years

Immediate

Heart failure

How long

15 minutes

Are the name, age, sex, color, date  
and place correctly given above?

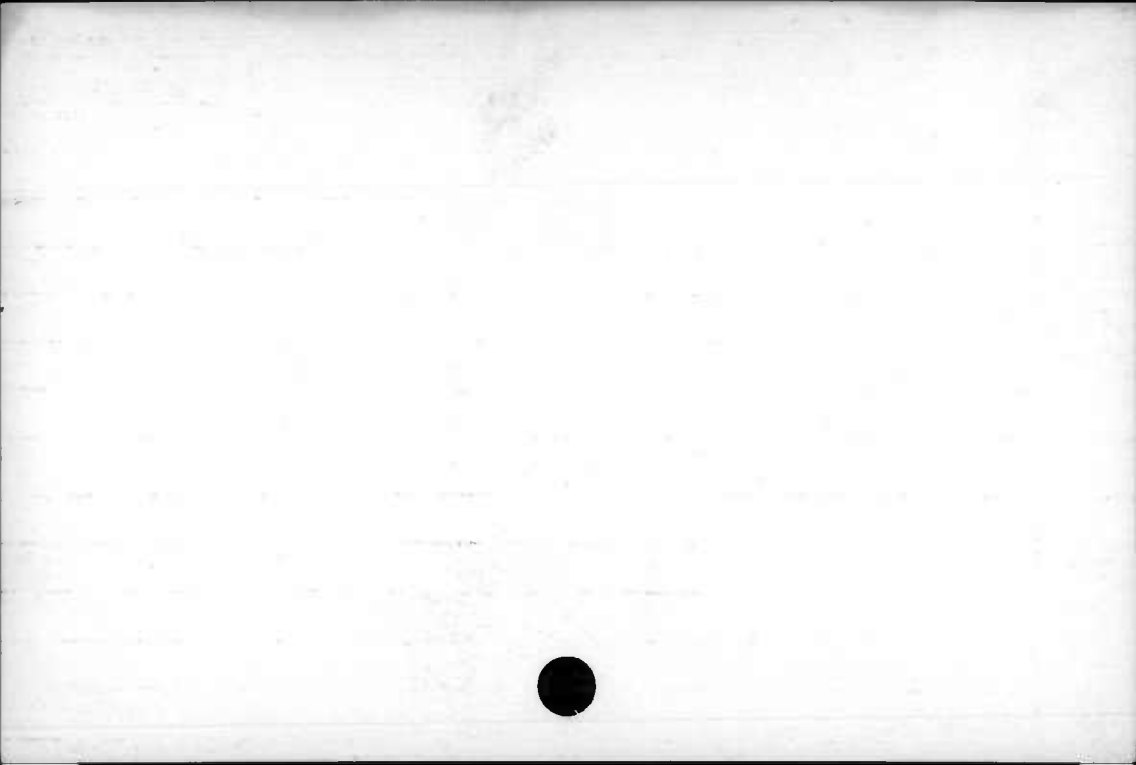
Yes.

Signature of  
Physician

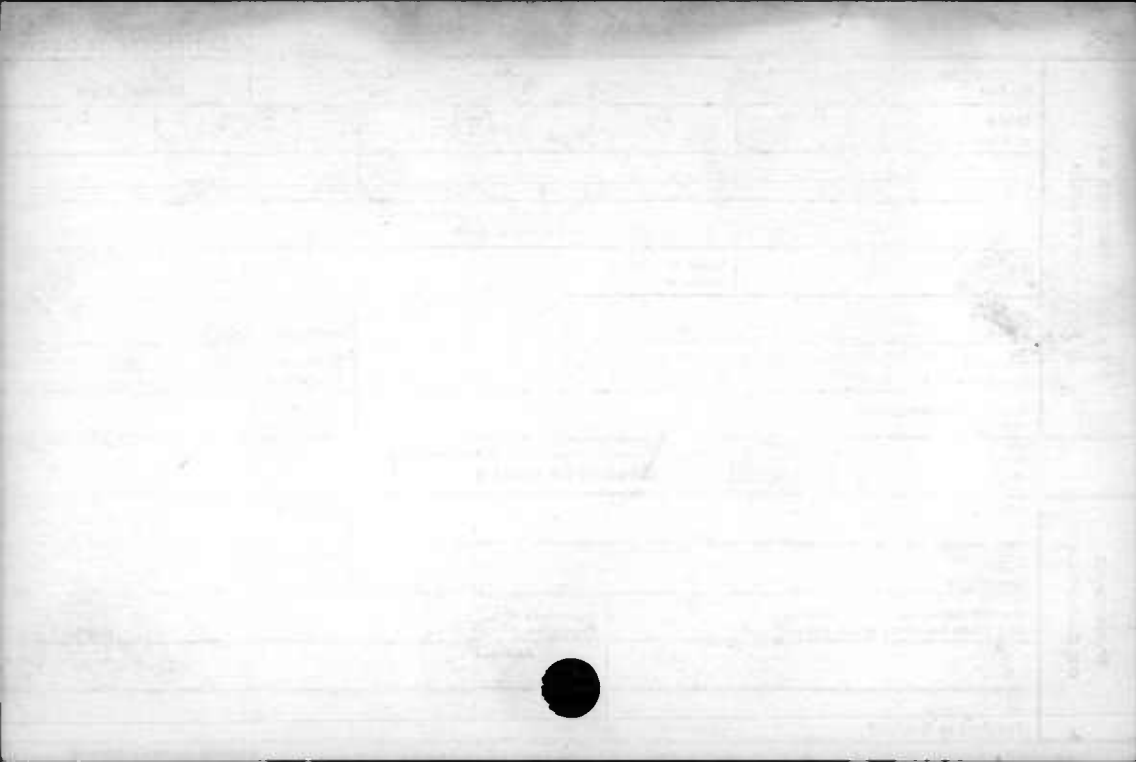
Address

B. J. Byrne  
Ellicott City,  
Md.

Accident or Suicide:



Name in Full		Ann Elizabeth Hemler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died near <sup>Town</sup> Elk Ridge		County Howard		MARYLAND	
		Date of death 1905	Month Dec	Day 29 <sup>th</sup>	Age 85	Months 2	Days 20
		Sex Female		Color or Race White		Birth-place Maryland	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed Widow		Name of <del>Wife</del> or Husband William Hemler			
PHYSICIAN OR CORONER		Father's Name Henry Spalding			Father's Birthplace Maryland		
		Mother's Maiden Name Maria Hughes			Mother's Birthplace Maryland		
		Name of person giving information John W. Hemler			How related to deceased Son		
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary Age		How long			
		Immediate Cardiac failure.		How long		2 wks.	
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M. R. Eareckson			
				Address Elk Ridge, Md.			
		Accident or Suicide?					





Name  
in  
Full

CERTIFICATE OF DEATH

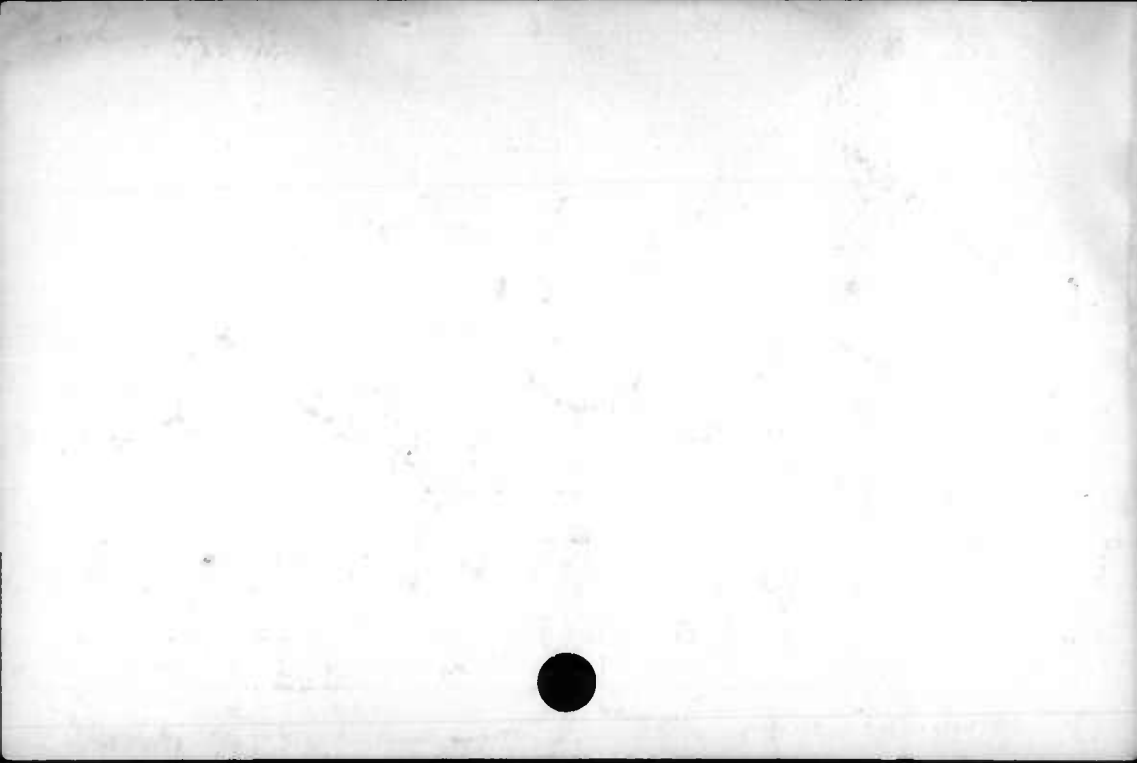
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Frank Johnson* Town *Howard* County *Howard*  
Died at *Dayton*  
Date of death 190*5* *Dec* *20* Age *23* Months *13* Days  
Sex *Male* Color or Race *Black* Birth-place *Ind*  
Married, Single or Widowed \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of Wife or Husband \_\_\_\_\_  
Father's Name *George Johnson* Father's Birthplace *Ind*  
Mother's Maiden Name *Sara Wilson* Mother's Birthplace *Ind*  
Name of person giving information *Sara Johnson* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_  
Immediate *Premature Birth* How long \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *S. A. Nichol*  
Address *Dayton Ind*  
Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

George Samuel Milton

## CERTIFICATE OF DEATH

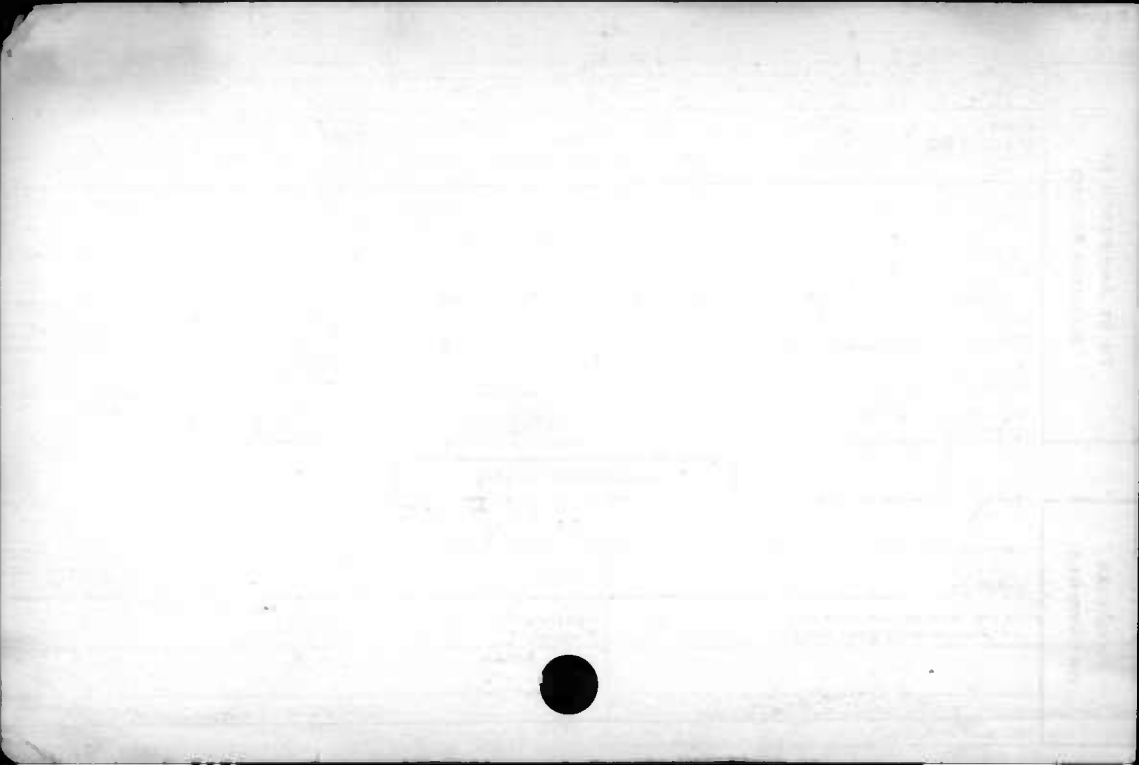
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Glennwood</u>		County <u>Howard</u>		MARYLAND	
Date of death	1905	Month	Dec	Day	10
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
Male		Colored		Maryland	
Occupation			Where Residing if not at place of death		
Laborer					
Married, Single or Widowed		Name of Wife or Husband			
Married		Henrietta Jones			
Father's Name		Father's Birthplace			
Lewis Milton		Md.			
Mother's Maiden Name		Mother's Birthplace			
Sophie Taylor		Md.			
Name of person giving information		How related to deceased			
Isiah M. Fisher		None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	12 yrs
Immediate	Hemorrhage from lung & bowels	How long	19 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Jesse Sticks	
		Address	
		West Friendship	
		Howard Co. Md.	
Accident or Suicide?			



Name  
in  
Full

*Louis Montgillion*

CERTIFICATE OF DEATH

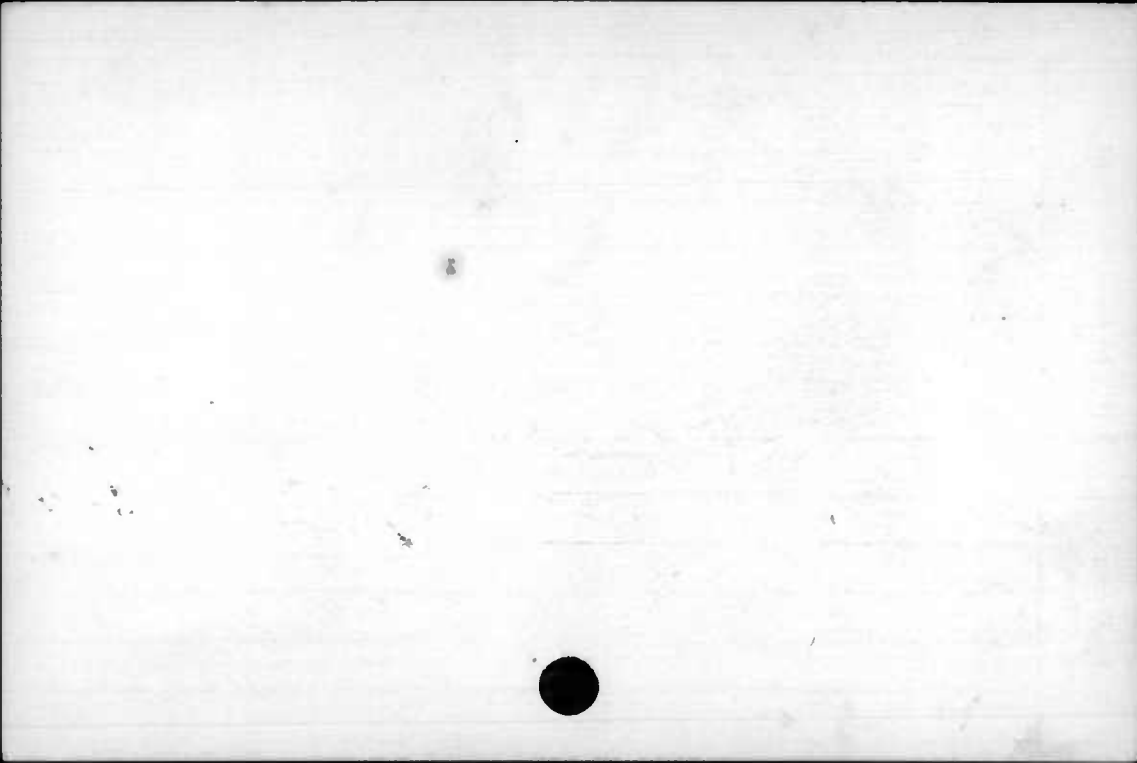
TO BE ANSWERED BY  
NEAREST FRIEND

Died at. <i>Elk Ridge</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Dec.</i>	Day	<i>10</i>	Age	<i>84</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>8</i>		Days <i>22</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Elk Ridge, Md.</i>			
Occupation <i>Shoemaker</i>		Where Residing if not at place of death					
<del>Married, Single</del> or Widowed		Name of Wife or Husband <i>Mary Ann Duwall</i>					
Father's Name <i>Jeremiah Montgillion</i>		Father's Birthplace <i>France</i>					
Mother's Maiden Name <i>Sarah Davis</i>		Mother's Birthplace <i>Maryland.</i>					
Name of person giving information <i>Mrs. Ann E. Hook</i>		How related to deceased <i>Daughter.</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	
Immediate	<i>Debility</i>	How long	<i>about 1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. R. Eareckson</i>	
		Address <i>Elk Ridge, Md.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

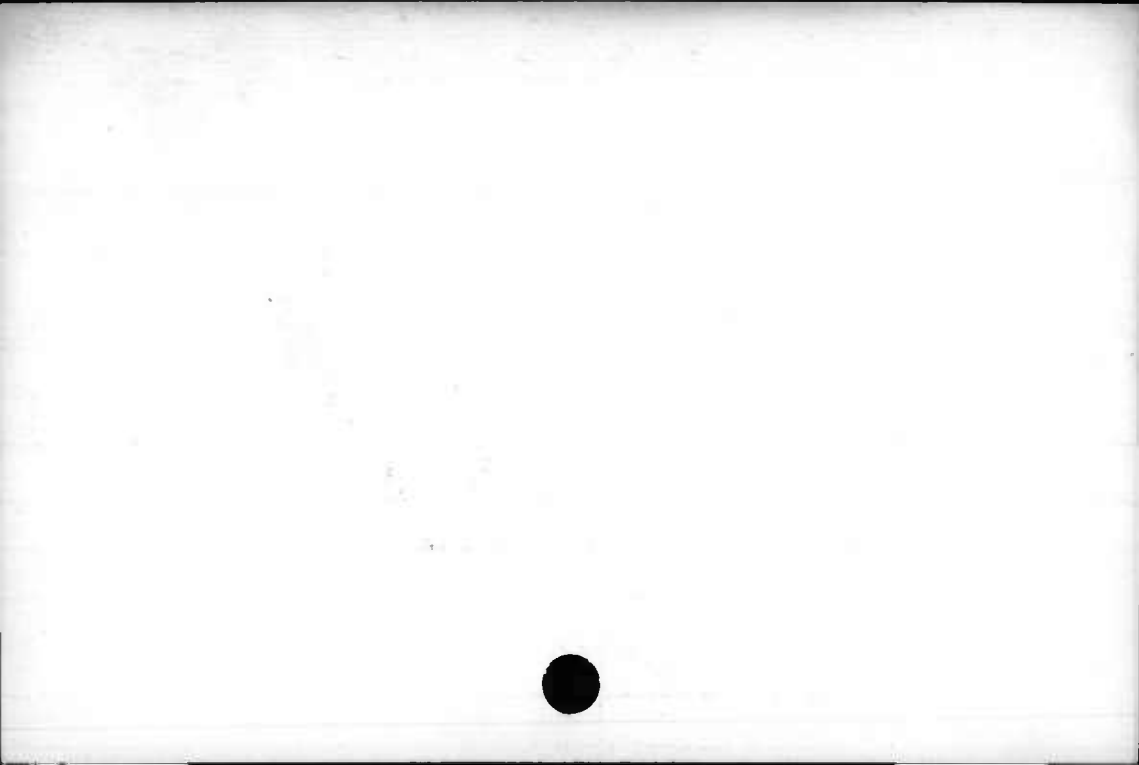
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dorsy Run</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death 1905	Month <i>Decr.</i>	Day <i>8</i> *	Years <i>Age about 45</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Austria</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>laborer on Rail Road</i>				
Name of Wife or Husband <i>_____</i>					
Fether's Name <i>_____</i>			Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Mr. Shumaker</i>			How related to deceased <i>not related</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primery <i>Killed by B &amp; O. R.R. train # 2</i>	How long <i>160</i>
Immediate <i>accident</i>	How long <i>160</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Bernard H. Hallenhorst, J.P.</i>
	Address <i>Acting Coroner Ellicott City Md.</i>
Accident or Suicide? <i>Accident</i>	





May V. Smallwood	
Edwards	County
	Howard

## MARYLAND

Died at

Date \_\_\_\_\_

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-  
place

Married, Single  
or Widowed

Occupation

Name of Wife or Husband

Father's Name

Fethi's Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
information

How related  
to deceased

## Primary

Immediate

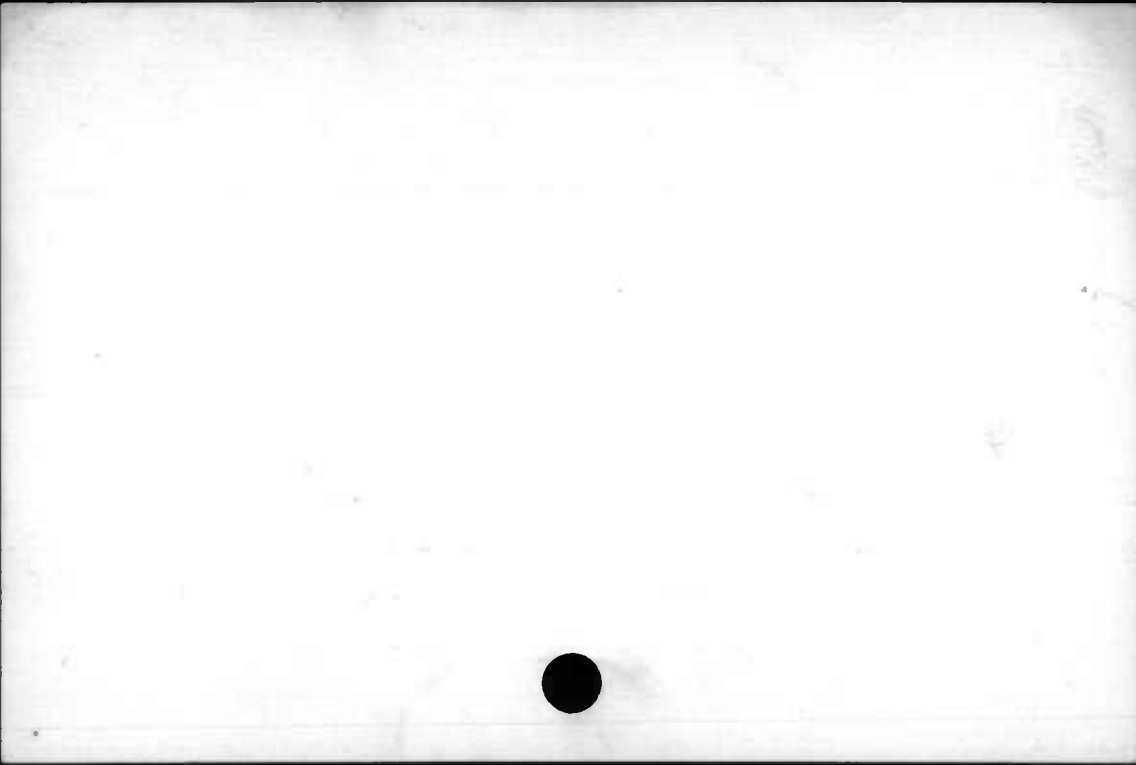
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Betty Thomas

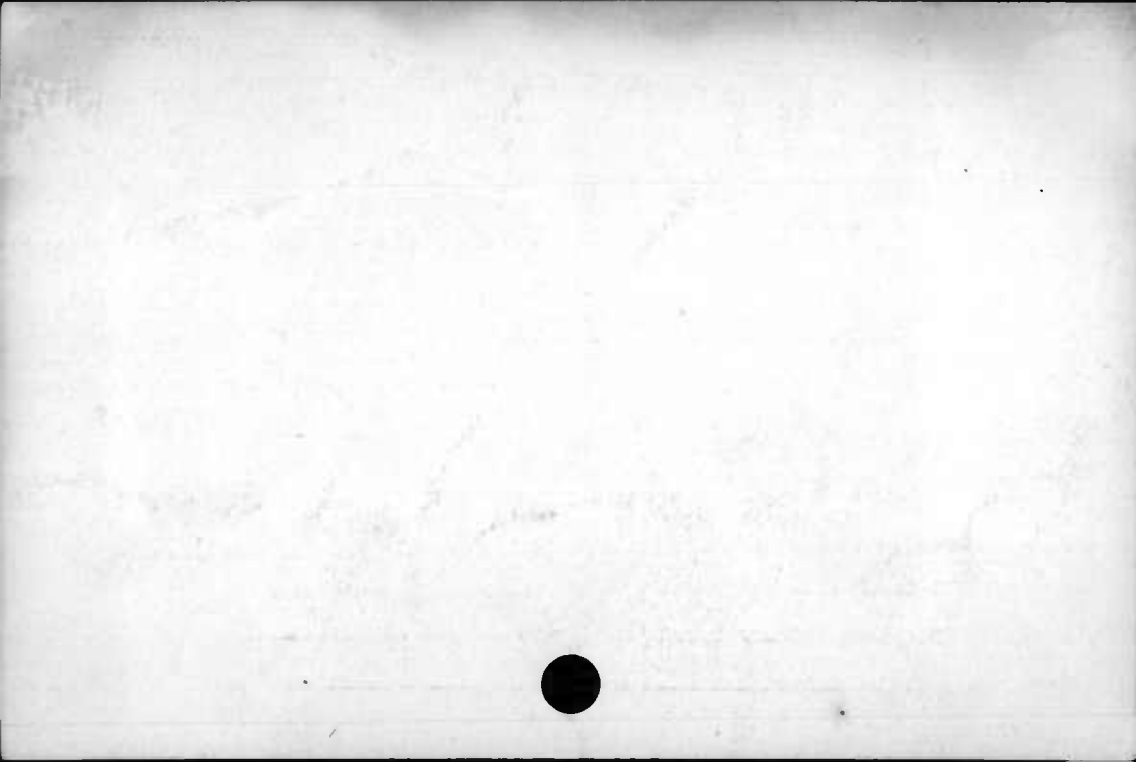
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Glenwood.</i>		County <i>Howard</i>		MARYLAND	
Date of death 190	5	Month <i>Dec.</i>	Day <i>29.</i>	Age <i>78</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored.</i>		Birth-place <i>Maryland.</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>none</i>		
Name <del>of</del> <i>Wife</i> or Husband <i>Lloyd Thomas.</i>					
Father's Name <i>William Garrett</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rebecca Johnson</i>			Mother's Birthplace <i>.. ..</i>		
Name of person giving information <i>Lewis Worthington</i>			How related to deceased <i>none.</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Valvular affection of heart.</i>	How long <i>Several years</i>
	Immediate	<i>Cerebral paralysis.</i>	How long <i>Four days.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. W. Lacey.</i>
			Address <i>Lisbon, Md.</i>
Accident or Suicide? <i>—</i>			



TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Waterloo</i> Town			<i>Howard</i> County			MARYLAND	
Date of death 190	Month <i>12</i>	Day <i>23</i>	Years Age about <i>50</i>		Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>unknown</i>			
Married, Single or Widowed <i>Not Known</i>			Occupation <i>approximately a Labourer</i>				
Name of Wife or Husband <i>Not Known</i>							
Father's Name <i>O</i>				Father's Birthplace <i>O</i>			
Mother's Maiden Name <i>O</i>				Mother's Birthplace <i>O</i>			
Name of person giving information <i>Police Mr E Morris</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Exposure</i>	How long <i>about 2 days</i>
Immediate <i>Not Known</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Kesan acting coroner</i>
	Address <i>Elbridge Howard Soc M.D</i>
Accident or Suicide?	

The man was found dead in the  
woods near natural Arrowhead  
apparently a tramp and no way of  
identifying him

J. W. Reson